



Richmond Fax Number: 804-282-2652
 Norfolk Fax Number: 757-627-7834

IN ORDER TO GET PAID YOU MUST FAX IN YOUR TIMESHEET BY 5:00 P.M. EACH FRIDAY!

Client's Name (Print) _____

Employee's Name (Print) _____

I certify the hours shown on this timesheet are correct and that I fully performed the required services. I have read the policies set forth in the Temporary Employee Guide and agree to adhere to them.

Employee's signature _____
 (you must sign your time card)

HOURS WORKED

Example	Date	Clock In	Clock out (lunch out)	Clock in (lunch in)	Clock Out	Total Hours
Monday	1/27/09	8:00	12:30	1:30	4:30	7.5

	DATE	CLOCK IN	CLOCK OUT	CLOCK IN	CLOCK OUT	TOTAL HOURS
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
						TOTAL

FOR THE WEEK:
 BEGINNING _____ AND ENDING _____

CLIENT APPROVAL:

We certify that the temporary employee assigned by this agreement has worked under our direct supervision and that the hours indicated are correct and the work performed was satisfactory.

Overtime Policy: Overtime shall be invoiced according to applicable State and Federal Law.

Invoices are due upon receipt. On balances over 30 days a finance charge of 1 ½% per month will be assessed on monthly basis. In the event a collection procedure is initiated, client shall be additionally liable for all costs of collection and attorney fees.

We have read the Temporary Services Agreement's terms and conditions and agree to adhere to them.

CLIENT'S SIGNATURE _____

DATE _____